



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

76
+ 117 Refs.

Application Number

10/773,618

Filing Date

February 6, 2004

First Named Inventor

Thomas W. DUBENSKY, Jr.

Art Unit

1645

Examiner Name

J. Graser

Attorney Docket Number

282172002800

ENCLOSURES (Check all that apply)☒ Fee Transmittal Form (PTO/SB/17)
plus duplicate for fee processing
(2 pages)
Processing Fee Transmittal
(PTO/SB/17i) (1 page)☐ Fee Attached☒ Amendment/Reply (42 pages)☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request (1 page)☐ Express Abandonment Request☒ Information Disclosure Statement
(3 pages)☐ Certified Copy of Priority
Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication
to TC☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please
Identify below):

1. Request to Correct Inventorship Under 37 C.F.R. §1.48(b)
(2 pages)
2. Request for Corrected Filing Receipt (2 pages)
3. Marked-Up Copy of Filing Receipt (2 pages)
4. Supplemental Application Data Sheet (4 pages)
5. Form PTO/SB/08a/b + copy (16 pages)
6. 117 References
7. Return Receipt Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

MORRISON & FOERSTER LLP (Customer No. 25226)

Signature

Printed name

Alicia J. Hager

Date

July 26, 2007

Reg. No.

44,140

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 582594845 US, on the date shown below in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 26, 2007

Signature:  (Lori Sims)



PTO/SB/17 (06-07)

Approved for use through 06/30/2007. OMB 0651-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2007☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 820.00**Complete if Known**

Application Number	10/773,618
Filing Date	February 6, 2004
First Named Inventor	Thomas W. DUBENSKY, Jr.
Examiner Name	J. Graser
Art Unit	1645
Attorney Docket No.	282172002800

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
51	- 82 = 0	x 25.00 =	0.00

HP = highest number of total claims paid for, if greater than 20.

<u>Multiple Dependent Claims</u>
<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
180.00 0.00

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
2	- 10 = 0	x 100.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	125.00	= 0.00

4. OTHER FEE(S)

	<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	
2253 Extension for response within third month	510.00
1806 Submission of an Information Disclosure Statement	180.00
1808 Processing Fee Under 37 CFR 1.17(i) for correcting inventorship (see attached Form PTO/SB/17i)	130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,140	Telephone	(650) 813-4296
Name (Print/Type)	Alicia J. Hager	Date	July 26, 2007		